

GIC Health Plan Rates

MONTHLY RATES AS OF JULY 1, 2015
FOR THE TOWN OF ARLINGTON ENROLLEES
INCLUDING THE 0.40% ADMINISTRATIVE FEE

Active Employees and Retirees without Medicare (Includes Public Safety-Police/Fire)

| Health Plan | Employee and Non-Medicare Retiree Pays Monthly % | Employee and Non-Medicare Retiree Pays Monthly \$ | Employee and Non-Medicare Retiree Pays Monthly \$ |
|---|---|--|--|
| Health Plan | Individual Coverage | Family Coverage | Family Coverage |
| Fallon Health Direct Care | 15% | 73.93 | 177.44 |
| Fallon Health Select Care | 15% | 98.25 | 235.79 |
| Harvard Pilgrim Independence Plan | 20% | 149.88 | 365.70 |
| Harvard Pilgrim Primary Choice Plan | 15% | 89.93 | 219.42 |
| Health New England | 15% | 74.13 | 183.77 |
| NHP Prime (Neighborhood Health Plan) | 15% | 70.61 | 187.10 |
| Tufts Health Plan Navigator | 20% | 131.85 | 321.92 |
| Tufts Health Plan Spirit | 15% | 75.21 | 181.18 |
| UniCare State Indemnity Plan/Basic with C/C (Comprehensive) | 25% | 243.66 | 570.43 |
| UniCare State Indemnity Plan/Basic without C/C (Non-Comprehensive) | 25% | 233.08 | 545.89 |
| UniCare State Indemnity Plan/Community Choice | 20% | 94.46 | 227.26 |
| UniCare State Indemnity Plan/PLUS | 20% | 131.13 | 313.38 |

Retirees with Medicare

| Health Plan | % Retiree Pays Monthly Per Person | \$ Retiree Pays Monthly Per Person |
|--|--|---|
| Fallon Senior Plan | 15% | 45.32 |
| Harvard Pilgrim Medicare Enhance | 25% | 98.06 |
| Health New England MedPlus | 15% | 54.14 |
| Tufts Health Plan Medicare Complement | 15% | 53.09 |
| Tufts Health Plan Medicare Preferred* | 15% | 41.34 |
| UniCare State Indemnity Plan/Medicare Extension (OME) with C/C (Comprehensive) | 25% | 101.00 |
| UniCare State Indemnity Plan/Medicare Extension (OME) without C/C (Non-Comprehensive) | 25% | 98.37 |

Rates are calculated by the Town of Arlington Human Resources Department

RATE QUESTIONS?
CALL: 781-316-3120

GIC Health Plan Rates

MONTHLY RATES AS OF JULY 1, 2015
FOR THE TOWN OF ARLINGTON ENROLLEES HIRED *on or after* 12/1/11

INCLUDING THE 0.40% ADMINISTRATIVE FEE

Active Employees and Retirees without Medicare (Includes Public Safety-Police/Fire)

| Health Plan | Employee and Non-Medicare Retiree Pays Monthly % | Employee and Non-Medicare Retiree Pays Monthly \$ | Employee and Non-Medicare Retiree Pays Monthly \$ |
|---|--|---|---|
| | | Individual Coverage | Family Coverage |
| Fallon Health Direct Care | 25% | 123.22 | 295.74 |
| Fallon Health Select Care | 25% | 163.75 | 392.98 |
| Harvard Pilgrim Independence Plan | 25% | 187.35 | 457.12 |
| Harvard Pilgrim Primary Choice Plan | 25% | 149.88 | 365.70 |
| Health New England | 25% | 123.54 | 306.29 |
| NHP Prime (Neighborhood Health Plan) | 25% | 117.68 | 311.84 |
| Tufts Health Plan Navigator | 25% | 164.81 | 402.40 |
| Tufts Health Plan Spirit | 25% | 125.35 | 301.96 |
| UniCare State Indemnity Plan/Basic <i>with C/C (Comprehensive)</i> | 25% | 243.66 | 570.43 |
| UniCare State Indemnity Plan/Basic <i>without C/C (Non-Comprehensive)</i> | 25% | 233.08 | 545.89 |
| UniCare State Indemnity Plan/Community Choice | 25% | 118.07 | 284.07 |
| UniCare State Indemnity Plan/PLUS | 25% | 163.91 | 391.73 |

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MONTHLY RATES AS OF JULY 1, 2015
FOR THE TOWN OF ARLINGTON ENROLLEES
INCLUDING THE 0.40% ADMINISTRATIVE FEE

Survivors without Medicare

| Health Plan | Survivor Pays Monthly % | Survivor Pays Monthly \$ | Survivor Pays Monthly \$ |
|--|-------------------------|--------------------------|--------------------------|
| Health Plan | | Individual Coverage | Family Coverage |
| Fallon Health Direct Care | 50% | 246.45 | 591.48 |
| Fallon Health Select Care | 50% | 327.49 | 785.96 |
| Harvard Pilgrim Independence Plan | 50% | 374.70 | 914.25 |
| Harvard Pilgrim Primary Choice Plan | 50% | 299.76 | 731.40 |
| Health New England | 50% | 247.09 | 612.57 |
| NHP Prime (Neighborhood Health Plan) | 50% | 235.36 | 623.68 |
| Tufts Health Plan Navigator | 50% | 329.63 | 804.80 |
| Tufts Health Plan Spirit | 50% | 250.70 | 603.93 |
| UniCare State Indemnity Plan/Basic with C/C (Comprehensive) | 50% | 487.33 | 1,140.86 |
| UniCare State Indemnity Plan/Basic without C/C (Non-Comprehensive) | 50% | 466.16 | 1,091.78 |
| UniCare State Indemnity Plan/Community Choice | 50% | 236.15 | 568.15 |
| UniCare State Indemnity Plan/PLUS | 50% | 327.82 | 783.46 |

Survivors with Medicare

| Health Plan | Survivor Survivor Pays Monthly Per Person | |
|---|---|--------|
| Health Plan | % | \$ |
| Fallon Senior Plan | 50% | 151.07 |
| Harvard Pilgrim Medicare Enhance | 50% | 196.12 |
| Health New England MedPlus | 50% | 180.48 |
| Tufts Health Plan Medicare Complement | 50% | 176.96 |
| Tufts Health Plan Medicare Preferred* | 50% | 137.80 |
| UniCare State Indemnity Plan/Medicare Extension (OME) with C/C (Comprehensive) | 50% | 201.99 |
| UniCare State Indemnity Plan/Medicare Extension (OME) without C/C (Non-Comprehensive) | 50% | 196.74 |

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